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CONFIRMATION NO. 4569

SERIAL NUMBER 10/715,776	FILING OR 371(c) DATE 11/18/2003 RULE	CLASS 424	GROUP ART UNIT 1618	ATTORNEY DOCKET NO. 27374-006 CIP
APPLICANTS Lee E. Goldstein, Marblehead, MA; Leo T. Chylack JR., Duxbury, MA;				
** CONTINUING DATA ***** This appln claims benefit of 60/427,153 11/18/2002 and claims benefit of 60/452,336 03/05/2003 and is a CIP of 10/132,779 04/25/2002 PAT 6,849,249 which claims benefit of 60/287,124 04/27/2001 and is a CIP of 09/935,126 08/21/2001 PAT 7,107,092 which claims benefit of 60/226,590 08/21/2000				
** FOREIGN APPLICATIONS ***** <i>None.</i>				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** ** 02/17/2004				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Allowances <i>Agreed</i> Acknowledged Examiner's Signature <i>Agreed</i> Initials <i>J.R.</i>		STATE OR COUNTRY MA	SHEETS DRAWING 8	TOTAL CLAIMS 49
				INDEPENDENT CLAIMS 6
ADDRESS 30623				
TITLE Ocular diagnosis of Alzheimer's disease				
FILING FEE RECEIVED 964	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	